

NASA HEALTH PROMOTION AND WELLNESS COMMITTEE

Minutes for: December 1, 2005 ViTS

Attendance: "X" means present

ARC	<input checked="" type="checkbox"/>	HQ	<input type="checkbox"/>	DFRC	<input checked="" type="checkbox"/>
JPL	<input type="checkbox"/>	DYN	<input checked="" type="checkbox"/>	GSFC	<input checked="" type="checkbox"/>
JSC	<input checked="" type="checkbox"/>	KSC	<input checked="" type="checkbox"/>	MSFC	<input checked="" type="checkbox"/>
GRC	<input type="checkbox"/>	SSC	<input checked="" type="checkbox"/>	WFF	<input checked="" type="checkbox"/>
LRC	<input checked="" type="checkbox"/>	MAF	<input type="checkbox"/>	WSTF	<input type="checkbox"/>

Welcome: My name is Mae Hafizi. Thank you for joining us today. This is our first ViTS for FY 2006

We have a guest speaker from Mayo Clinic Health Management Resources. Ms. Colleen Perkins will be discussing Health and Productivity Tools and their applicability in today's worksite Health Promotion and Wellness.

HealthierNASA 2006 Campaign

Mae Hafizi

I have a few updates before we get started. Please go to www.ohp.nasa.gov Click on the HealthierNASA logo for a detail of 2006 campaign. By clicking on the blue box under the Quarterly HP column, you will access a website with related information. Our office is due to receive the proof of 2006 Calendar from the printer today. As soon as the calendars are printed, copies will be forwarded to your Centers. Nutritional flyers are at KSC graphics for design. I am researching educational brochures/pamphlets on sleep and IAQ. If you have come across any good products, please let me know.

Visit the ohp website for health information regarding CDC recommendations on Tetanus vaccine, NIOSH's study on age-related MVAs and AHA new recommendations for BLS/AED/ACLS/PALS. Go to www.ecgguidelineswebcast.org for presentations.

2 out of 14 NASA center have yet to receive their vaccine shipment. All other Centers have received their shipment, some were partial orders, and vaccination campaigns are underway. Please provide our office with your final tally.

On Tuesday 12/6/05 the CDC will hold another Clinician's Outreach teleconference on Avian Flu with Dr. Scott Dowell, CDC Office of Global Health. This call is not specific to NASA so you will be facing a long wait time to connect. CDC has suggested that participants call in 20-30 minutes in advance. The number is 1-888-282-0428 (passcode "Influenza").

Our next ViTS is scheduled for 3.9.2006 at 11:00 am Eastern Time.

In the interest of time I will give the mic to Ms. Perkins. Her pp presentation will be available this afternoon on the ohp website.

Presenteeism and the Value of Productivity Instruments

By: Colleen Perkins, MSM, MBA

Mayo Clinic HMR

Power Point Presentation is available on www.ohp.nasa.gov

Please utilize the presentation while reviewing this summary.

Health Promotion addresses health and behavior issues. Presenteeism is gaining an increasingly important role in worksite health promotion and population health management. There is no one definition of presenteesim but Larry Chapman has eloquently defined presenteeism as:

- The measurable extent to which health symptoms, conditions and diseases adversely affect the work productivity of individuals who choose to remain at work.
- Larry Chapman in The Art of Health Promotion 2005

It has been estimated that the cost of presenteeism is \$150 billion per year, nationwide. Migraine Headache – Total cost U.S. \$12B, 60-70% lost productivity Allergies – U.S. \$2.8B lost productivity - 90% Presenteeism, 10% Absenteeism per Burton - JOEM – 2004. On slide 9 Distress or Mental Health risks illustrates that nearly 90% of the hours lost are due to presenteeism and on slide 10 Mental Health Condition causes nearly 13 hours of lost time due to illness, Short Term Disability and presenteeism. Mental Health and stress is in the top three most costly conditions on a per employee basis per year. These conditions are a huge drain on productivity and all the literature and research supports that.

In the past, presenteeism was an invisible but significant drain on productivity. However, in the past years several tools have been developed – nine of which have been tested for validity and reliability - to measure and manage this phenomena. To access or to read about these tools consider the following sources:

- Measuring Employee Productivity by Wendy Lynch and John Reidel
- American Journal of Health Promotion
- Journal of Occupational & Environmental Medicine

Companies are increasingly concerned about presenteeism because of the:

- Increased aging in the US workforce → increased chronic illness → increased healthcare cost and susceptibility to injury/illness

- Greater awareness of problem of productivity loss
- Improvements in the measurement methodology of presenteeism
- Increased pharmaceutical industry interest and support
- Growing competitive pressures in many market sectors
- Logical out-growth of worksite health promotion programming is inclusion of the concept of “at work, but not feeling well” or presenteeism

Health and Productivity Tools (HPQ) have similar characteristics. They average between 15- 30 questions and depending on the method of delivery they take an average of 20 minutes to complete. Some are telephone interviews, paper/pen or web-based. They can be disease specific while others have general application. The recall period varies from 1 week (7 days) to one year but most recall periods are closer to the short end of the range. Nearly all instruments are designed for employed adults. It is essential to confirm that the instrument has been tested for validity and reliability.

Confidentiality is a large concern, specifically when you are asking questions about how productive an employee is at work. This sensitivity becomes even more elevated when talking among union environments. There are many ways to address this issue. Many clients embed the productivity questionnaire into the HRA and the only data that comes back to the employer is in aggregate form, so the employee's individual answers will never be identified. There is always a consent letting the end user know that their individual data is shared with an independent third party for data analysis and their employer will never get the individual results. Some employers offer incentives to their population to consent to disclose the data to the third party so they have a large enough sample size for data analysis purposes.

If the employer is rolling the survey instrument out as a standalone (without the HRA) they can set it up that all the results are sent directly to a third party for analysis and again they only receive aggregate data. I would say that happens 90% of the time. In a few organizations, such as in the Coors example that will be discussed later, the Wellness and Occupational Health Staff had access to the individual data scores and only aggregate results were shared with senior leadership. There was a real trust between the Wellness/Health services staff and employees so it worked, but not all cultures are like this.

One week or 7-day recall period is a short amount of time. However, with any type of survey you are always getting a snapshot in time. Nevertheless, 7-day is short enough for people to really recall how they felt and answer honestly about how their health impacted their productivity. For this reason that brought this question to the surface, some instruments have recall periods that are either one month or one week prior to the interview based on the specific question. Sometimes one question may even ask to recall the past 30 days and then follows up with a question focusing on the previous 7 days. There is a wide variety and no set standard within this niche of our industry. Currently there is no

research to prove one recall period is better or more reliable than the other and hopefully that will come as this niche matures.

Several tools were reviewed as examples of what is available in the market. Please refer to the pp presentation for a table of eight commonly used HPQ tools. Work Limitation Questionnaire (WLQ) can be narrowed down to 8 questions from 25 and embedded in an HRA. Three HPQ tools were discussed in more detail along with sample questions.

The following is an example of the Work Productivity and Activity Impairment Questionnaire (WPAI), General Health (GH), Self-Administration Version.

The following questions ask about the effect of your health problems on your ability to work and perform regular activities. By health problems we mean any physical or emotional problem or symptom. *Please fill in the blanks or circle a number, as indicated.*

1. Are you currently employed (working for pay)? _____No _____
_____Yes

If NO, check "NO" and skip to question 6.

The next questions refer to the past seven days, not including today.

2. During the past seven days, how many hours did you miss from work because of your health problems? *Include hours you missed on sick days, times you went in late, left early etc., because of your health problems. Do not include time you missed to participate in this study.*

_____Hours

3. During the past seven days, how many hours did you miss from work because of any other reason, such as vacation, holidays; time off to participate in this study? _____Hours

4. During the past seven days, how many hours did you actually work?

_____Hours (If "0", Q.6)

5. During the past seven days, how much did your health problems affect your productivity while you were working? *Think about days you were limited in the amount or kind of work you could do, days you accomplished less than you would like, or days you could not do your work as carefully as usual. If health problems affected your work only a little, choose a low number. Choose a high number if health problems affected your work a great deal.*

0 1 2 3 4 5 6 7 8 9 10

6. During the past seven days, how much did your health problems affect your ability to do your regular daily activities, (other than work at a job)? *By regular*

activities, we mean the usual activities you do, such as work around the house, shopping, child care, exercising, studying, etc. Think about times you were limited in the amount or kind of activities you could do and times you accomplished less than you would like. If health problems affected your activities only a little, choose a low number. Choose a high number if health problems affected your activities a great deal.

0 1 2 3 4 5 6 7 8 9 10

Several case studies were discussed as examples of successfully implemented Health and Productivity programs in large and small employers. In all cases what contributed to success were an integrated approach, data gathering and evaluation. At a large telecommunication company the study showed that total productivity losses usually was not associated with demographics of job type, but were associated with perceived health status and the existence of particular medical conditions. In another company an integrated Injury Prevention Program resulted in improved perceived health status and a reduction in presenteeism. In the third company HPQ and HRA tools were combined to achieve a more comprehensive picture of the health and productivity of the employee population. Data is pending analysis.

Conclusion

- Presenteesim is an important component of total health and productivity management.
- Aging workforce will increase the importance of presenteeism.
- Presenteeism will gain economic credibility for most employers as the methods and research study results are published and more broadly disseminated.

Meeting adjourned at 13:05 Eastern Time.

Respectfully Submitted,
Mae Hafizi
12/2/2005